

<p>CALL/VOLUNTEER FIREFIGHTER TRAINING PROGRAM MASSACHUSETTS FIREFIGHTING ACADEMY</p>

STATEMENT OF COMPLIANCE

- ◆ I have read the Rules and Regulations of the Call/Volunteer Firefighter Training Program as set forth in this document and agree to abide by them while a participant in this program. . I further understand that my failure to abide by the rules and regulations as set forth can result in my dismissal from the program.
- ◆ I have read the Commonwealth of Massachusetts HRD Sexual Harassment Policy and agree to abide by this. I understand that I can be removed if I violate this policy.

By my signature below I acknowledge that I have read the rules and regulations and the Commonwealth of Massachusetts HRD Sexual Harassment Policy

Signature of student

Date

Printed name of student

Signature of chief of department or designee

Date

Printed name of chief of department or designee

Name of department

**CALL/VOLUNTEER FIREFIGHTER TRAINING PROGRAM
MASSACHUSETTS FIREFIGHTING ACADEMY**

MEDICAL STATUS REPORT

Firefighter's Name: _____

Fire Department: _____

Address: _____

Phone: _____ Date: _____

The above named firefighter has had a medical examination within the past **TWELVE MONTHS** in accordance with the Massachusetts Fire Training Council suggested guidelines for medical evaluation of applicants for the Massachusetts Firefighting Academy Call /Volunteer Firefighter Training Program. The findings of that examination indicate that this firefighter has no significant abnormalities that would interfere with vigorous physical fitness activities or the individual's job performance as a firefighter in training.

Signature – chief of the department: _____